Health Innovation Manchester

Innovation Impact Report

2025-2026





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Foreword

This has been another important year for Health Innovation Manchester as we continue to accelerate innovation at scale across Greater Manchester and beyond. The publication of the NHS 10 Year Health Plan has signalled a clear direction of travel for health and care systems, with a renewed focus on prevention, neighbourhood-based care, digital transformation and improving population health. These ambitions closely align with our own mission and reinforce the importance of innovation in addressing the challenges facing our health and care system.

This year we launched our refreshed strategy, which sharpens our focus on three core ambitions: improving lives and outcomes by addressing the priority drivers of population health; supporting a safe and sustainable health and care system through the deployment of innovation at scale; and boosting jobs and economic growth through industry collaboration and partnerships. Underpinning these ambitions is a commitment to shift from treating illness to preventing it, using data, innovation and partnership working to identify risk earlier, intervene sooner and reduce inequalities.

We have continued to scale place-based innovation across Greater Manchester, from tackling cardiovascular, renal and metabolic disease and supporting earlier diagnosis, to strengthening our digital and data capabilities and accelerating the adoption of proven innovations. Central to this progress is our HInMPath methodology – our end-to-end business process providing oversight and assurance across all HInM activity – ensuring we can implement innovation at pace and scale with measurable impact. With an unrelenting focus on method, we can deliver meaningful and sustainable improvements for patients, communities and the wider health and care system. As we look ahead, we will also continue to embed artificial intelligence across our work to enhance insight, decision-making and innovation delivery.

Greater Manchester continues to demonstrate the power of partnership. Our ability to bring together the NHS, academia, industry, local government and communities enables us to tackle complex challenges in a way few places can. This collaborative approach remains one of our greatest strengths and is central to our ambition to be world-leading in improving lives, transforming care and boosting the economy through innovation. I am delighted that our approach and unique way of working in Greater Manchester is being used by several national teams.

We have also launched Greater Data, our new real-world data innovation service, which combines Greater Manchester's unique data assets, system expertise and innovation capabilities to support research, industry collaboration and the faster development and adoption of innovations that can benefit local people and address global health challenges. Greater Data will help attract investment, stimulate economic growth and strengthen Greater Manchester's leadership in health innovation, while using the power of data to improve population health, accelerate research and deliver better outcomes for patients.

Our progress is only possible because of the strength of our partnerships. I would like to thank our colleagues across the NHS, academia, industry and local government, as well as our Board, Non-Executive Directors and global partners, whose leadership, expertise and commitment continue to guide our work. Together, we are strengthening Greater Manchester's position as a leading health innovation ecosystem, delivering innovation that improves lives locally while influencing change nationally and internationally.

With thanks,
Professor Ben Bridgewater
Chief Executive Officer

2.
Executive Summary

During 2025/26, Health Innovation Manchester worked with partners across the NHS, local government, academia, industry and communities to improve health outcomes, transform care and support economic growth.

Our distinctive role is to bring these partners together around Greater Manchester's most significant health and care challenges - using innovation, data and evidence to identify what works and support its adoption at scale.

This report highlights progress across three areas:

- Improving lives and outcomes by addressing the major drivers of poor health and health inequalities.
- Supporting a more productive, safe and sustainable health and care system.
- Boosting jobs, investment and economic growth through collaboration with industry and academia.

Innovation takes time to move from development and evaluation to adoption and measurable population impact. The evidence presented therefore includes a combination of outcomes delivered during 2025/26, improvements in care and productivity, people and services reached, and programmes established to generate greater impact in future years.

Our year in numbers

£20m
Estimated productivity benefit generated through clinical time saved by the GM Care Record in 2025/26

517,000+
Patient records accessed through the GM Care Record each month by 29,000 frontline professionals

21.8%
Reduction in asthma-related emergency department attendances among children and young people supported through InHIP

77%
Of people with an electronic palliative care record died in their preferred place, compared with a 54% national benchmark for people without one

£9.7m
Secured for Greater Manchester's health and care system during 2025/26

£17m
Industry co-investment and Innovate UK funding secured through the GM Health Innovation Accelerator

17,000+
Citizens engaged through the Health Innovation Accelerator programme

4
Innovative products adopted for market through the Health Innovation Accelerator

Figures relate to different programmes and stages of delivery. Further context, attribution and methodology are provided in the relevant sections of this report.

Impact delivered in 2025/26

Improving lives and reducing inequalities

We continued to focus innovation on some of Greater Manchester's greatest drivers of premature mortality, poor health and inequality.

- The Innovation for Healthcare Inequalities Programme supported **212 children and young people** to access better asthma diagnosis and management. A total of **268 FeNO tests** were completed, **43% of those supported showed improved asthma control**, and asthma-related emergency department attendances reduced by **21.8%.**
- We also established the next phase of Greater Manchester's Cardiovascular, Renal and Metabolic Mission. Circulation Health will initially operate across **20 Primary Care Networks,** targeting more than **18,000 people** who may be at risk of cardiovascular disease, chronic kidney disease or type 2 diabetes. It will help neighbourhood teams identify risk earlier, improve access to recommended treatments and manage multiple conditions more effectively.
- Across the GM Health Innovation Accelerator, more than **17,000 citizens** were involved in shaping new approaches to diagnosis and care. Targeted work with underserved communities included **428 people participating in 22 engagement activities**, ensuring that innovations are informed by the experiences of communities facing the greatest health inequalities.

Transforming care and improving productivity

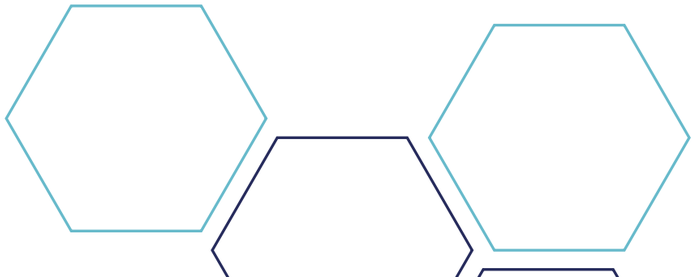
- The Greater Manchester Care Record continued to demonstrate the value of shared information in improving care and releasing clinical capacity.
- By March 2026, more than **29,000 frontline professionals** were accessing over **517,000 patient records each month.** The GM Care Record is estimated to have generated a **£20 million productivity benefit** from clinical time saved during the year—an estimated **4:1 in-year return on investment.**
- Its impact is also experienced directly by patients and families. At Francis House Children's Hospice, access to joined-up information means families of children with complex and life-limiting conditions do not have to repeatedly recount their medical history, while staff can make faster and better-informed decisions.
- The Electronic Palliative Care Coordination System enabled information about people's wishes and care needs to be shared across services. Among people with a record, approximately **77% died in their preferred place**, compared with a national benchmark of 54% for people without one.
- Our Patient Safety Collaborative supported implementation and improvement across Greater Manchester. In Stockport, administration of intrapartum antibiotics increased from **33% to 88%**, while Bolton achieved 100% compliance with optimal antenatal steroid timing.

Supporting research, investment and economic growth

- During 2025/26, HInM secured **£9.7 million** for Greater Manchester's health and care system, taking the cumulative total secured over five years to **£42 million.**
- The GM Health Innovation Accelerator secured **£17 million** in industry co-investment and Innovate UK funding. It brought together **41 partnerships** across the NHS, academia and industry, operationalised **22 clinical sites**, and supported four **innovative products to be adopted for market.**
- We also launched **Greater Data** - HInM's real-world data and innovation service for industry and academia. It brings together Greater Manchester's data assets, analytical expertise, public governance and innovation capabilities to support research, generate real-world evidence and accelerate the development and adoption of innovations.
- This work is underpinned by the **Greater Manchester Secure Data Environment**, which provides researchers with secure access to de-identified health and care data. During the year, projects progressed from evaluation into live and contracted delivery, strengthening Greater Manchester's offer to research and life sciences partners.

The achievements described in this report reflect HInM's role as Greater Manchester's shared health innovation organisation. Our ability to connect system priorities, frontline expertise, data, research, industry capability and lived experience enables innovation to move from idea to implementation and impact.

In 2026/27, we will build on these foundations by accelerating our major population health missions, increasing the adoption of proven innovations, expanding Greater Data and strengthening our contribution to NHS productivity and inclusive economic growth.



3.
About Health Innovation Manchester

Health Innovation Manchester (HInM) is a place-based innovation organisation formed by the health and care, civic and academic leaders of Greater Manchester (GM) in 2017. Our vision is:

"...to be world leading in improving the lives of local people, transforming care and boosting the economy through innovation".

To deliver this vision, our strategy has been refreshed to reflect the changing landscape around us. It has redefined our objectives building directly on Health Innovation Manchester's existing strategy, retaining its core ambition and structure while sharpening our focus in response to a changing national and regional context. This is not a change in direction, but a refinement of emphasis.

The refresh strengthens areas where HInM already has momentum in population health, data, partnerships and delivery at scale, but more clearly defines our role in AI-enabled transformation, NHS adoption and productivity, real-world evidence, and economic growth.

Our Refreshed Objectives Are:

Objective 1:

Improve lives and outcomes for Greater Manchester people by accelerating population health impact at scale.

Objective 2:

Position Greater Manchester as a globally recognised place of choice for industry-led innovation, delivering inclusive economic growth through Greater Data, AI and real-world evidence.

Objective 3:

Optimise digital, data and AI to improve care quality, productivity and workforce sustainability at scale.

Objective 4:

Evolve HInM into a high-performing, AI-enabled organisation able to lead and deliver innovation at greater pace and scale.

Delivering Impact Over The Next Five Years

Our ambition for the future is that health innovation in Greater Manchester will be embedded in how care is delivered, how investment is attracted, and how outcomes for local people are improved. For our citizens, this means better health, earlier diagnosis and equitable access to innovative treatment. For the NHS, this will mean a more productive, data-enabled and financially resilient system. And for the economy, GM will be recognised as a leading UK hub for data-enabled life sciences and AI innovation.

Introducing Greater Data: Our real-world data and innovation service for industry and academia

To support our ambitions for HInM, Greater Manchester and for our citizens, we're launching, Greater Data, Health Innovation Manchester's data-led innovation service for industry and academia. Greater Data combines world-class data and insights to accelerate market access, improve health outcomes and drive real-world impact.

Made with Mancunians: Through deep system connectivity, we bring data, insight and lived experience together to reimagine pathways and redesign services for those that need it most. We can harness digital, data and user-led design with patients and clinicians to coproduce new models of care and pathways for effective deployment, transferrable across the UK and beyond.

Find out more

Innovation powered by partnerships

Ultimately, HInM is a partnership organisation, aligning key stakeholders around shared innovation-led missions for health, growth and productivity. This is underpinned by building trusted relationships, deep collaboration and integrated governance.

Our partnerships extend globally. HInM is cultivating partnerships with target global centres of excellence to increase our global connectivity, enhance learning and develop joint opportunities across the world.



Our People

We recognise that our people play a pivotal role in delivering our vision and we've actively created a working environment that harnesses and rewards the dedication and expertise of our staff.

Over the last 12 months, we have embedded new ways of working to establish a clear and coherent operating model for the organisation and our people, which we now refer to as The HInM Way.

Introducing The HInM Way

Within each domain, we are building recognisable programmes and concepts that enable delivery of key priorities, hanging it all together in a way that can be shared and interacted with across the organisation.



HInMprint: our employee growth and development strategy

HInM Shape: ensuring our organisational design and ways of working are responsive to our strategic priorities

HInM Path: our end-to-end business process providing oversight and assurance across all HInM activity

HInM Method: ensuring our organisational design and ways of working are responsive to our strategic priorities

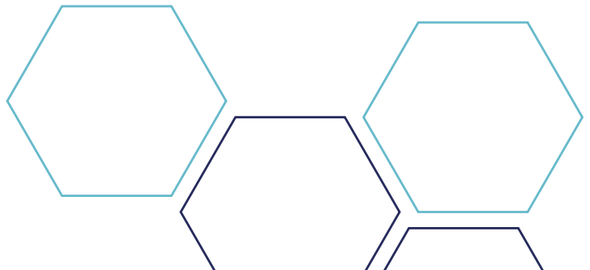
HInMgage: our engagement activities that build a sense of belonging across the organisation

HInMvolve: ebringing to life our approaches to inclusion and community and recognition

HInMpact: our approach to rewards and recognition

HInMpower: our digital solution and enabled ways of working

HInMvolve: our approach to continuous improvement at HInM



The HInM Way is all about how we do things at Health Innovation Manchester and is a framework for everyone across the organisation to connect to and use in their day-to-day work. It represents a clear, unified approach to how HInM operates, delivers value, and continually adapts and improves. The name is intended to be a recognisable operating philosophy and to bring together HInM's organisational and knowledge assets into a single framework.

The HInM Way makes our operating model easier to communicate, teach, and embed ensuring that colleagues understand not just what we do, but how and why we do it. It will become a clear blueprint for how the organisation operates today and will continue to evolve in the future, providing clarity, consistency, and confidence for our key stakeholders – both internal and external.

Our People Council

The HInM Way is supported by our People Council, now in it's second year of operation, and helps ensure that every staff member has a platform to share ideas, collaborate on solutions that make HInM a better place for everyone. We believe in fostering a positive work environment where everyone feels valued and heard – that is The HInM Way.

"The People Council has created a genuine partnership between staff and leadership, where every voice is heard and can influence change. What makes it powerful is not just the platform it provides, but the commitment to act on what we hear. We've seen colleagues engage with confidence, knowing their experiences shape decisions and improvements across the organisation. It reflects our shared ambition to build an open, inclusive culture where people feel valued and involved in making Health Innovation Manchester a great place to work. "

Faye Stafford, Chair of HInM's People Council



4.1
Impact 1: Improve lives and outcomes for GM people by addressing the priority drivers of population health.

CVRM Misson:

Cardiovascular disease (CVD) is the leading cause of death globally, imposing a substantial burden on individuals, society, and healthcare systems. In the UK alone, over 7 million people live with CVD, making it a significant driver of disability, mortality, and socioeconomic burden.

In Greater Manchester (GM), the challenge is even more pronounced. GM has the highest CVD mortality rate in England, with approximately 5,500 CVD-related deaths annually, double the national average. The economic and societal costs are staggering. A ***report published in February 2025*** from Frontier Economics commissioned by Health Innovation Manchester, revealed the economic and societal cost of cardiovascular disease (CVD) in Greater Manchester (GM) to be an estimated £2.5 billion a year, with costs significantly increasing for individuals suffering from multiple cardiovascular conditions.

To address this, last year Health Innovation Manchester (HInM) launched the Cardiovascular, Renal and Metabolic (CVRM) Mission. The Mission will bring together the collective power of the local health and social care system to improve prevention, diagnosis, treatment and care of CVRM to give people in GM the best possible health outcomes and quality of life.

Cardiovascular disease

Costs the GM system an estimated **£2.5bn a year - £13,700 per patient**

Claims nearly **5,500 lives** annually in the area - an estimated loss of over **63,000 years** of life.

Impacts older populations - prevalence rates **0.3%** among individuals aged 18–19, rising to **22.8%** among individuals **aged 70** and increasing with age

Four distinct programmes fall under the CVRM Mission:

Programme 1:
CVD Risk Management to Address Inequalities

Programme 2:
Innovation in Population Health Management

Programme 3:
Obesity pathway transformation

Programme 4:
Innovation in CVRM pathways

These four areas will be measured against the following outcomes and impacts

- A reduction in CVRM related events.
- Increased access to care and treatment.
- Increased system efficiency and effectiveness.
- Faster access to novel therapies and industry led innovations.
- Productivity benefits to GM economy.

1

Programme 1:

CVD Risk Management to Address Inequalities

CVD remains one of the leading causes of death globally, disproportionately affecting marginalised and socioeconomically disadvantaged populations. Addressing inequalities in CVD outcomes requires a comprehensive risk management approach that considers both medical and social determinants of health.

A risk management approach to cardiovascular disease (CVD) involves identifying, assessing, and reducing risk factors to prevent disease onset, progression, and complications. Addressing risk factors can reduce the deterioration of the cardiovascular, renal, and metabolic systems and prevent disease occurring.



Project Spotlight:

Community at Heart

Greater Manchester (GM) continues to improve the cardiovascular health of its population, yet inequalities still exist with the communities at greatest risk also being those in underserved communities. Increased CVD mortality across GM localities correlates with areas of higher deprivation and every GM locality is in the top third most deprived local authorities in England. Urgent action is required to reduce the decline in health and improve existing inequalities.

The Community at Heart project will help understand how best to improve access to these underserved communities. This will be achieved by using data to inform where engaging with the community could be beneficial and enable insights to be gathered about how health conditions are managed and the potential barriers that prevent support being accessed. This work may also involve the co-creation of culturally competent communication materials and public health messages, that resonate with specific audiences.

Impact:

The Understand Phase of the project has mapped out where the greatest needs and opportunities lie, highlighting both data-driven gaps and community insights. As we move into the Reimagine Phase, the project will build on these findings by focusing on targeted, community-led, and data-informed interventions, aiming for more equitable, sustainable, and impactful CVD prevention across Greater Manchester. This will be supported by a recent successful bid with The British Heart Foundation to test the effectiveness of delivering NHS Health Checks through mobile, community-based VCSFE partners in underserved Manchester communities.

2

Programme 2:

Innovation in Population Health Management

The GM health and care system is already aware of a proportion of people who have cardiovascular disease, but there are still many people that have not yet been diagnosed or are not being managed as well as they could be. Work is being undertaken to help identify these individuals to provide them with the right support and treatment to give them the best outcome and quality of life.

Population health data will be used to inform how we reduce risk factors associated with cardiovascular disease, by providing a clear indication of where and when interventions and treatments need to be introduced. This will also take into consideration where the greatest benefits can be delivered for individuals at risk and for the Greater Manchester health care system.

3

Programme 3:

Obesity pathway transformation



People living with obesity have an increased risk of developing other health conditions, such as CVD. To address this problem, we have partnered with Eli Lilly and Company to understand the cost and impact of obesity in GM and are now working in collaboration with NHS Greater Manchester and primary care providers to reimagine how Greater Manchester can provide a more integrated and holistic service to eligible cohorts.

Project Spotlight:

Understanding and Reimagining Obesity Care Across Greater Manchester

Health Innovation Manchester and Eli Lilly collaborated to redesign obesity care across Greater Manchester, addressing variation in services and inequalities in access. Through research, community engagement, co-design and economic modelling, the project developed a primary care-led, digitally enabled model of care focused on equitable access, improved patient support and long-term sustainability. Insights from patients, clinicians and communities informed future pathway design, ensuring services are shaped by the needs and experiences of the people they serve.

Access the Patient and HCP Survey Outcomes Report here

Project Spotlight:

SURMOUNT-REAL UK - Study to deepen understanding of weight loss medication in Greater Manchester

In October 2024, Health Innovation Manchester announced a groundbreaking strategic partnership with Eli Lilly and Company (Lilly) to initiate a five-year real-world evidence study (SURMOUNT-REAL UK) to deepen understanding of a weight loss medication in Greater Manchester.

On 1st December 2025, Lilly announced the that the first patient visit had taken place for the trial evaluating the long-term effectiveness of tirzepatide on obesity outcomes when given in primary care settings.

Lilly is the trial sponsor with GM digital trials company, North West EHealth, appointed to lead trial delivery, including data flows, technology and patient recruitment. The University of Manchester is host of the Chief Investigator for the trial, Professor Martin Rutter. Health Innovation Manchester is providing system engagement and communications support for the trial.

Impact:

The study aims to enrol up to 3,000 participants in Greater Manchester. Results from the trial will be presented at future medical meetings and published in peer-reviewed journals.

"Obesity is a pressing health challenge both in the UK and globally. Lilly is committed to working with partners across the health system to better understand and address its complexity. With SURMOUNT-REAL UK, we aim to generate real-world evidence on the long-term health impacts of obesity management medications—evidence that can help shape future care pathways and improve health outcomes for people living with obesity."

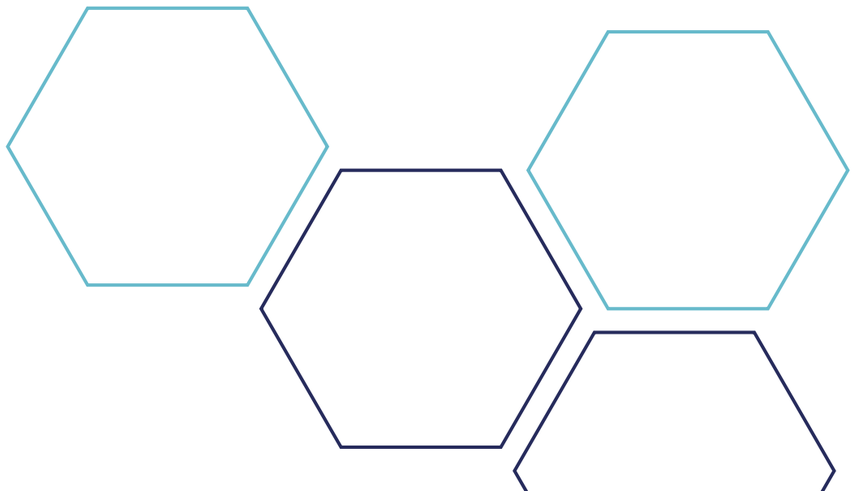
Professor Rachel Batterham, Senior Vice President for International Medical Affairs at Lilly

"As a GP, I see patients bring more than symptoms - they bring hopes, challenges, and the realities of their communities. They trust our practice as a familiar and accessible space. This is why I am proud to be involved in this trial, which extends participation opportunities to groups often under-represented in research. Research in primary care gives the potential to address health inequalities we witness firsthand. By involving our practice, we can amplify patient voices, identify barriers, and test solutions tailored to real lives. This approach ensures research is inclusive and that the evidence generated reflects the diverse population we serve."

Dr. Imran Ghafoor, GP Partner at Peterloo Medical Centre in Greater Manchester, and Principal Investigator for the trial

"In addition to endpoints assessing weight reduction and progression to type 2 diabetes, SURMOUNT-REAL UK will assess the broader health and healthcare impacts in a diverse group of individuals living across Greater Manchester. The trial is particularly important because it will contribute to the evidence base on intervening comparatively early in the progression of obesity. It's fantastic that Greater Manchester was selected for the trial because of the excellent research infrastructure and the availability of primary care data for research across the region.

Professor Martin Rutter, Professor of Cardiometabolic Medicine at the University of Manchester and Chief Investigator for the trial



4

Programme 4:

Innovation in CVRM Pathways

This programme unites efforts to enhance cardiovascular, renal, and metabolic (CVRM) health in Greater Manchester by both analysing the burden and care gaps of CVRM conditions and systematically improving the introduction of innovative care models and novel therapies.

Under this programme, HInM is developing strategic partnerships with industry to support the introduction, optimisation, and accelerated deployment of innovations to tackle CVRM diseases, all underpinned by a system blueprint approach.

The programme aims to ensure that new treatments and models of care are introduced efficiently and consistently, ultimately improving patient outcomes and supporting system-wide transformation.

Project Spotlight:

Circulation Health - a new partnership to find and support people with chronic conditions earlier.

A major new initiative has been launched across Greater Manchester to help people with chronic kidney disease (CKD) and related cardiovascular renal metabolic (CVRM) conditions get the care and support they need earlier.

Circulation Health brings together Health Innovation Manchester, Boehringer Ingelheim, and the Greater Manchester Primary Care Provider Board as part of a collaborative working project to improve early identification, treatment and wider wellbeing support for local communities.

Circulation Health is designed to close this gap by helping neighbourhood teams identify people early, connect them to the relevant pathways, and provide more personalised support for those at increased risk CVRM conditions. The collaboration will accelerate Greater Manchester's Integrated Neighbourhood Care Model by enabling teams to move from reactive to proactive care.

In its first phase, Circulation Health will launch across 20 Primary Care Networks, supporting more than 18,000 patients to improve testing, diagnosis and treatment. Clinicians will identify risks sooner, connect people to the appropriate pathways faster, and take a more joined up approach to managing multiple long term conditions like CKD, CVD and Type 2 diabetes.

Impact:

- More than **200,000 people** in Greater Manchester are living with CKD, and almost half may be undiagnosed.
- Of those who could benefit from NICE approved recommended medicines, around **157,000 people** are not currently receiving them.
- Set to launch in 20 Primary Care Networks (PCNs), targeting more than **18,000 patients**.
- **£7.2 million** contribution from NHS partners and Boehringer Ingelheim – combining direct investment and benefits in kind

"Circulation Health gives neighbourhood teams the time, tools and insight to spot risk earlier and act sooner. For patients with conditions like CKD, that proactive, joined up approach can make a real difference to outcomes, quality of life and long term health.

Dr Tracey Vell, Chief Officer, Greater Manchester Primary Care Provider Board

"Circulation Health reflects exactly what matters most to us – identifying people earlier, supporting them more holistically, and working side by side with our NHS partners to create fairer health outcomes for every community. We're proud to bring our expertise in data, and our commitment to prevention into this collaboration – and even prouder of what it will mean for patients who are too often diagnosed late or miss out on the support they deserve. This is the kind of work that shows what's possible when we align around a shared purpose and act together.

Maria Tereno, Country Managing Director, Boehringer Ingelheim UK Ltd

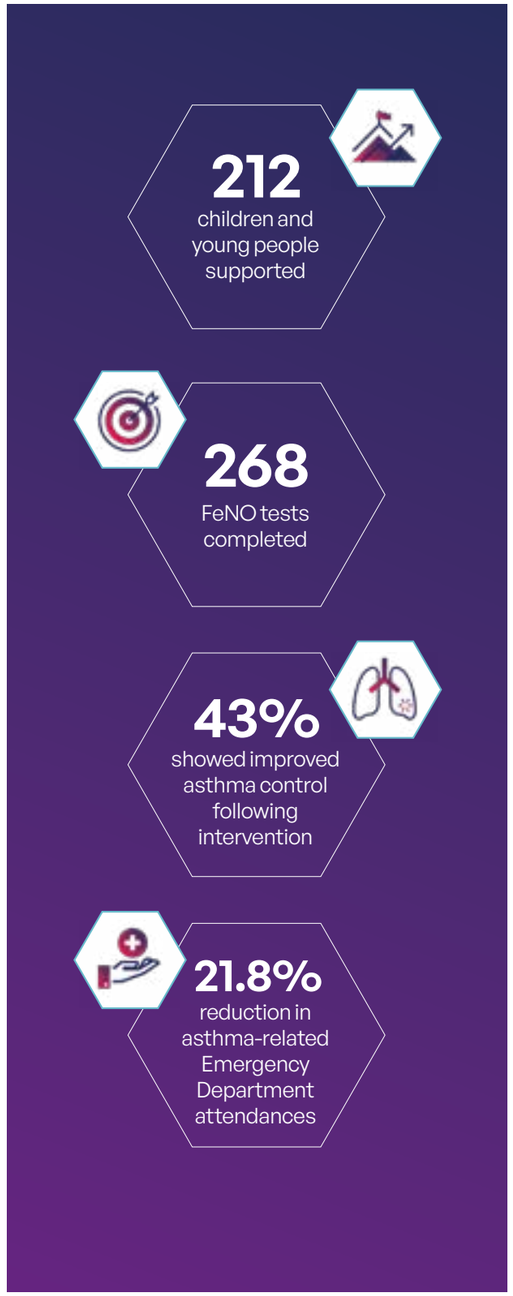
"Circulation Health is a great example of how partnerships between the NHS and life sciences sector can deliver targeted and effective support to address population health challenges, codesign novel approaches to deliver care and provide effective treatment to people who need it most.

Laura Rooney, Deputy Chief Executive at Health Innovation Manchester

Innovation for Healthcare Inequalities Programme (InHIP)

The Innovation for Healthcare Inequalities Programme (InHIP) aims to address local healthcare inequalities experienced by deprived and underserved populations. During 2025/26, HInM continued to work alongside secondary care partners, primary care colleagues and community organisations to improve access to NICE-approved health technologies and medicines for local communities. Building on the success of the paediatric asthma pilot at The Royal Oldham Hospital, the programme has expanded into Tameside working across secondary, primary and community care settings. The programme uses Fractional Exhaled Nitric Oxide (FeNO) testing, an innovative technology that measures inflammation in the lungs, to support the diagnosis and monitoring of asthma in children and young people (CYP) and identify those who may benefit from specialist treatment.

Alongside clinical interventions, the programme embedded a whole pathway approach to the CYP asthma pathway to ensure children and young people receive the care at the right time and in the right place to optimise and monitor their treatment. The programme continued to engage with local communities to better understand asthma management, and barriers to accessing support, with a specific focus on SEND families with children and young people with asthma who find it difficult to understand information about their asthma and how to manage it. Working with trusted community groups helped ensure that health messages and educational resources were culturally appropriate and responsive to local needs. The expansion of the programme into Tameside demonstrates the value of collaborative working across healthcare, community and voluntary sector partners, helping more children and families benefit from innovative approaches to asthma care while supporting wider efforts to reduce health inequalities across Greater Manchester.



4.2
Impact 2: Support a more productive sustainable GM health and care system through deployment of innovation at scale.

Enhancing the GM Care Record to inform direct patient care

The GM Care Record (GMCR) is a major GM system-wide digital asset designed to enhance direct care for patients and enable system innovation. It brings together patient information from NHS and care services across all 10 Greater Manchester localities into one joined up record, so that patient information can be accessed by frontline health and care workers, wherever patients receive their care.

Since launching the GMCR across 10 localities access has increased to 29k monthly frontline users, supporting over half a million patient interactions each month. The GMCR is based on technology provided by Graphnet and has the highest utilisation across all its clients across the country and has become a vehicle for truly integrated care across the city-region.

The GMCR is delivered in partnership with NHS GM,with HInM driving transformational projects to optimise and enhance the GMCR, with NHS GM delivering the BAU operations and product management.

To realise the benefits and investment in the GMCR, there are three core objectives:

1. Increase GMCR use amongst health and care organisations and their staff
2. Optimisation of data feeds into the GMCR
3. Implementing new models of care supported by the GMCR

Cardiovascular disease

GMCR is estimated to have delivered **£20m** productivity benefit in 2025-6 from clinical time saved alone. This represents a **4:1 in-year** ROI.

March 2026: **over 29k** frontline healthcare professionals accessed **over 517k** patient records.

32% **(202 out of 622)** of community pharmacies onboard with access to the GM Care Record

87% of data feeds across **primary care, social care, acute, mental health and community providers** are live into the GMCR.

Project Spotlight:

How access to the GM Care Record is supporting families and staff at Francis House Children's Hospice

For children with life limiting and complex conditions, care rarely sits in one place. Families may be supported by hospitals, community teams, GPs, hospices, social care and urgent care services, often at the same time.

At Francis House Children's Hospice, having access to the GM Care Record (GMCR) is helping staff bring together information from across those services, supporting safer, more coordinated and more compassionate care for children and their families.

Families of children with life limiting conditions can find themselves repeating the same information again and again as they move between services, often at times of high stress.

"One of the biggest benefits [of the GMCR] is what families don't have to do anymore. They don't have to retell their child's medical story from scratch every time or worry about missing something important.

Knowing medication histories, allergies, recent admissions or safeguarding considerations really matters. The GMCR supports our staff to make informed decisions quickly, especially when things change.

Sharon Doodson, Director of Care at Francis House Hospice

Read more about how the GMCR is supporting families and staff at Francis House Children's Hospice ***here.***

Project Spotlight:

Embedding EPaCCS End of Life Care Plans in the GM Care Record

The GMCR Electronic Palliative Care Coordination System (EPaCCS) is an integrated care plan that enables everyone involved in a person's end-of-life care to understand and support their preferences, ensuring coordinated and compassionate care.

The programme aims to improve end-of-life care across Greater Manchester by enabling professionals to share patient information with consent. A shared EPaCCS plan allows health and care teams to access up-to-date palliative care information at any time, supporting better clinical decision-making and respecting individual preferences.

By bringing together key information in one place, EPaCCS reduces the need for people to repeat their story and ensures care is consistent across services. Teams can view, update and act on a person's preferences, helping deliver the right care, in the right place, at the right time.

EPaCCS records important details such as care preferences, clinical information, and advance care planning, making this information available to professionals across primary, secondary, community and out-of-hours services.

This shared approach improves patient experience and respects their wishes, supports more coordinated care, and helps reduce unnecessary hospital admissions.

"I've known situations where the families of people approaching end-of-life don't know what to do. I don't want to put my family in that position.

John, patient in Greater Manchester with a life limiting condition

"In Oldham, the palliative care team sees patients with life-limiting illness – cancer and non-cancer, increasingly frailty and dementia – often in their last months, weeks, or days. For these patients, the Electronic Palliative Care Coordination System (EPaCCS) is not just a form, it's a lifeline for joined-up, person-centred care.

Louise Redfearn, Macmillan Specialist Palliative Care Nurse at Royal Oldham Hospital

Impact:

Over 19k EPaCCS care plans published to date at the end of 25/26, with over 7k plans active.

Among a sample of patients with an EPaCCS record on the GMCR, around 77% died in their preferred place of death. This is substantially higher than the 54% reported nationally for those patients without an EPaCCS record.

Secure Data Environment development

The GM Secure Data Environment (SDE) , part of the North-West SDE collaboration, has the technical capability and permissions to unlock health data to advance research, population health and innovation – subject to necessary approvals through a highly developed integrated governance process.

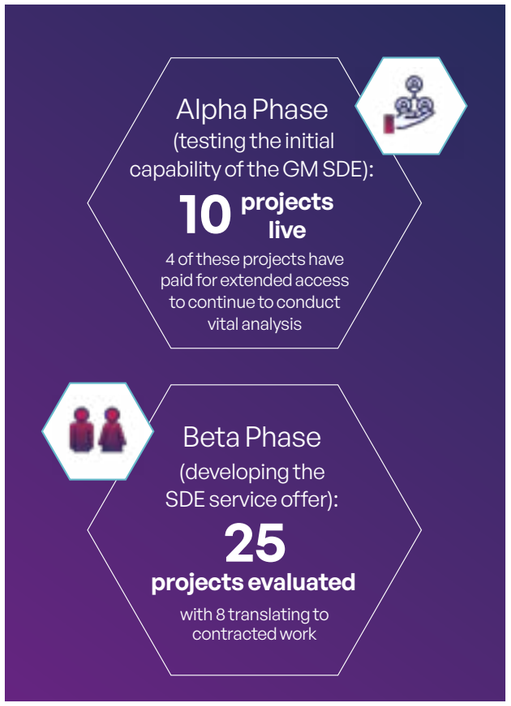
Secure Data Environments (SDEs) are highly secure computing environments that can provide safe and secure access to health data for use in research. Utilising data from the GM Care Record, linked with other key datasets, Health Innovation Manchester developed the GM SDE in partnership with NHS Greater Manchester and the University of Greater Manchester.

The GM SDE provides the infrastructure and analytical tools for artificial intelligence (AI) development (where developments over the coming year will open the way for AI enablement), clinical trials, real world studies, translational research, epidemiological studies and health systems research in GM for the benefit of our citizens. It provides the technical and infrastructure for secure access to data to support system-level and academic research population health level research and for development of Greater Data, Health Innovation Manchester's data-led innovation service for industry and academia.

The capability of the SDE has been tested through a series of academic and innovation projects to develop the functionality and service offer, while continuing to support vital research and innovation work that makes a difference to local people.

Key SDE Service Deliverables 25/26

- The SDE transitioned from a programme to a sustainable Beta service establishing a repeatable operating model and delivery processes.
- Introduced automated workflows, Power BI reporting and digital service management tools to improve efficiency, transparency and scalability.
- Established a commercial model enabling sustainable service delivery through defined pricing, contracting and cost-recovery mechanisms.



Projects live in the GM SDE 2025/26

- Understanding and addressing socio-economic inequality within the quality and safety of care and outcomes for people living with dementia.
- Long-term opioid utilisation patterns and associated adverse consequences in patients with chronic non-cancer pain in GM.
- Investigating the relationship between HRT prescribing and health care utilisation including referrals to secondary care.
- ADAPT: Managing local follow-up for long term cancer survivors.
- Optimising lung cancer screening for individuals from underserved communities within GM.
- Exploring the early impacts of virtual wards in Greater Manchester, a comparative analysis.
- Health outcomes and their determinants in patients with systemic lupus erythematosus (SLE) across GM.
- Diabetes in Greater Manchester (ODIN-GM).
- Detecting EARLY Heart Failure in GM.
- Redesigning Liver Care pathways to target underserved high disease burden communities.

Research and Academia

Greater Manchester is home to several world-class universities and research institutions with a strong history of life sciences and healthcare research.

The diversity and size of the GM population and maturity of the health and care system, means we can conduct research across a range of disciplines from biomedical and health science discoveries to solve local, national and global problems.

The strength of relationships between GM universities, research trusts, and bodies, combined with strengths in health innovation and life sciences, means we can share talent, knowledge and facilities, to use scientific discoveries to improve the health of the population.

HInM delivers a research and academic portfolio via the Manchester Academic Health Science Centre (MAHSC) and partnership agreements with Higher Education Institutes (HEIs). HInM also hosts the NIHR Applied Research Collaboration Greater Manchester (ARC-GM) for the period 2019-2026.

Academic partnerships

Relationships with academic partners across GM allows us to maximise research and academic capacity and capability. These collaborations harness opportunities, attract major research and innovation funding, and ensure there is a constant pipeline of translational research and education initiatives to feed into our innovation programmes.

HInM has continued to develop its academic partnership activities, understanding our shared areas of interests and strengths from which to identify priority areas.

Highlights from the last year include:

- Developed a strategic grant pipeline, aligning academic expertise with system priorities and progressing major research and innovation opportunities across mental health, Long COVID, rehabilitation, cardiovascular health, digital health and data-enabled research.
- Strengthened GM-wide Secure Data Environment research readiness by embedding academic partners in governance, clarifying access routes, and progressing access, costing and feasibility work for priority research projects.
- Supported cross-GM collaboration and alignment between HEIs, NIHR infrastructure and emerging global centres of innovation excellence, strengthening Greater Manchester's collective research, innovation and translational offer.
- Supported development of the GM Research Opportunities Support Office, working with universities and system partners to improve coordination, visibility and access to academic career development support for clinicians and practitioners.

Manchester Academic Health Science Centre

The period April 2025 to March 2026 marked an important transition year for the Manchester Academic Health Science Centre (MAHSC). Following the conclusion of formal NHSE/NIHR designation in March 2025, MAHSC has continued to build on its legacy of connecting academic discovery, clinical research, education and innovation with the needs of patients and communities.

MAHSC has played an important role in amplifying the discovery and development of Greater Manchester research, supporting a pipeline of evidence-based innovations with the potential to improve health and care services and deliver benefits for patients and communities.

Looking ahead, MAHSC's legacy will continue through the development of the Greater Manchester Academic Health Science Partnership (AHSP). During 2025/26, work has focused on engaging system partners and establishing the governance, priority workstreams and supporting structures required for the next phase. The emerging AHSP model will provide a broader partnership platform for aligning Greater Manchester's academic and research assets with population need, health and care priorities, and wider system ambitions.

MAHSC honorary clinical chairs

The MAHSC honorary clinical chairs are awarded by The University of Manchester's Faculty of Biology, Medicine and Health Promotions Committee to individuals from across Greater Manchester who have made a major contribution to their clinical specialty, including excellence in research and education.

As MAHSC transitions into the next phase of Greater Manchester's academic health science partnership, future honorary appointments will be considered through The University of Manchester Faculty of Biology, Medicine and Health's wider honorary appointments process. This approach is intended to provide a single, more inclusive route for recognising academic and scholarship excellence across health and care partners, professions, sectors and career stages.

Current honorary MAHSC clinical chairs will continue to be recognised in line with the terms of their original appointments. The transition therefore reflects a continued commitment to celebrating academic and clinical excellence, while broadening opportunities for colleagues across Greater Manchester to develop and sustain academic and scholarship partnerships in the future

Visit the MAHSC homepage to view the full list of MAHSC honorary clinical chairs.

In a series of lectures, senior leadership from the faculty invite the audience to celebrate the MAHSC honorary clinical chairs and listen to the diverse professional and personal journeys, clinical and research areas, and future plans.

NIHR Applied Research Collaboration Greater Manchester (ARC-GM)

The National Institute for Health and Care Research (NIHR) Applied Research Collaboration Greater Manchester (ARC-GM) supports applied health and care research that responds to the needs of local populations and health and care systems.

ARC-GM works with health and social care partners, the voluntary, community, faith and social enterprise (VCFSE) sector, industry and other NIHR infrastructure to translate priorities into answerable research questions, ensuring research is relevant, useful and applicable to local service needs.

Following the extension of the current award to 31 March 2026, ARC-GM will enter a new award period from April 2026. From this point, hosting will transfer to Manchester University NHS Foundation Trust Research and Innovation, bringing ARC-GM into closer alignment with other NIHR infrastructure in Greater Manchester.

Patient Safety Collaborative (PSC)

The Greater Manchester Patient Safety Collaborative (GMPSC), hosted by Health Innovation Manchester, delivers NHS England's National Patient Safety Improvement Programmes (NatPatSIPs) across Greater Manchester. The programme supports a culture of safety, continuous learning and improvement by helping health and care organisations test, implement and spread evidence-based approaches that reduce harm and improve patient outcomes. Current priorities include managing deterioration through Martha's Rule, medicines safety, and maternity and neonatal safety.

Managing Deterioration and Martha's Rule

Throughout 2025/26, GMPSC supported six Greater Manchester Phase 1 pilot sites implementing Martha's Rule, helping patients, families and carers access rapid clinical review when concerns about deterioration arise. Support included a programme of Communities of Practice, leadership coaching, enhanced site visits and communications activity. These activities enabled cross-site learning, strengthened executive engagement, supported sustainability planning and helped organisations transition Martha's Rule into business as usual. The programme also captured and shared learning from pilot sites to inform future regional and national implementation.

Impact:

- 4 Community of Practice events delivered.
- 6 Greater Manchester Phase 1 pilot sites supported throughout implementation.
- Enhanced site visits completed to strengthen sustainability, fidelity and executive oversight.
- Multiple case studies developed and shared to support wider NHS learning.

Medicines Safety Improvement Programme

In 2025/26, the Medicines Safety Improvement Programme focused on reducing harm from psychotropic medicines used for behaviour that challenges in people with a learning disability. The programme established system leadership and governance arrangements, brought together a multidisciplinary working group, mapped existing activity across Greater Manchester and began development of a shared improvement approach. Extensive engagement with NHS, local authority, advocacy and community partners helped build a stronger understanding of prescribing practices, barriers to change and opportunities to improve care and reduce avoidable harm.

Impact:

- Dedicated system leadership and governance established.
- Multidisciplinary working group and community of practice developed.
- Greater Manchester-wide system mapping and improvement planning completed.
- Shared ambition, driver diagram and action plan developed to support future improvement activity.

Maternity and Neonatal Safety Improvement Programme

The Maternity and Neonatal Safety Improvement Programme continued to support maternity and neonatal providers across Greater Manchester to implement evidence-based interventions that improve outcomes for women and babies. Key areas of work included optimisation and stabilisation of the preterm infant, improving the recognition and response to deterioration, and strengthening perinatal culture and leadership. Extensive learning capture through case studies, dashboards, events and shared tools has strengthened system capability, supported both paper-based and digital implementation of deterioration tools, and positioned Greater Manchester well to sustain, spread and scale impact into 2026–27.

Notable improvements were achieved through local quality improvement projects. In Stockport, introduction of a dedicated preterm prescribing bundle increased the proportion of women receiving intrapartum intravenous antibiotics from 33% to 88%. In Bolton, changes to clinical practice improved compliance with optimal steroid administration from 13.5% to 100% from December 2025 onwards.

Impact:

- Greater Manchester achieved or exceeded regional ambitions across preterm optimisation measures.
- Intrapartum IV antibiotic administration in Stockport increased from 33% to 88%.
- Bolton achieved 100% compliance with optimal steroid timing from December 2025.
- Regional maternity and neonatal safety events, training and quality improvement support strengthened capability across the system.

4.3
Impact 3: Boost jobs and economic growth for the GM city-region through industry collaboration and partnerships.

Transforming Migraine Care in Greater Manchester

A Collaborative Working Project between Health Innovation Manchester and Abbvie.

Migraine is a common yet misunderstood neurological condition with 1 in 7 adults [1] in the UK living with migraine. Migraine also has a significant impact on the UK's productivity with approximately 86 million workdays lost each year, costing ~£8.8 billion due to lost productivity via absenteeism and presenteeism [2], placing real pressure on people, employers and the wider economy.

To address this, Health Innovation Manchester (HInM) and pharmaceutical industry partner AbbVie have launched a collaborative working project, Transforming Migraine Care in Greater Manchester, which aims to understand the current migraine patient journey across Greater Manchester, analysing real-world data, identifying gaps in care and variation, assessing clinical and economic burden and impact on productivity.

This project is being undertaken in close partnership with health and care professionals and people living with migraine in Greater Manchester. By modelling the approach on Greater Manchester's 3m population [3], the project has the potential to inform future care pathways that could be scaled nationally to better support people with migraine across the UK.

More than "just a headache"

Working with patients is at the heart of the project and will address the misunderstood nature of the condition. With an estimated 10 million adults in the UK suffering from migraine, it is still too often dismissed as "just a headache" leaving people without the support and care they need. Migraine remains largely absent from national policy, leading to inconsistent care, poor outcomes, and a strain on NHS services such as high rates of emergency resource use with 17% visiting A&E and 13% requiring hospitalisation in a 2019 analysis (n=690) [4].

Without proper recognition, millions of people continue to face barriers to appropriate management with most people with migraine (60.7%) waiting over 5 years to receive effective treatment for the condition, whilst over a third (39.5%) can wait 10 years or more (n=473)[5].

This project and supporting better care for migraine patients draws on the ambitions of the NHS 10-year plan by focusing on two of the three fundamental shifts: moving care from hospitals to communities and pivoting from sickness to prevention.

An executive summary of outcomes will be jointly published upon completion of the project with a view on how the findings could be implemented UK-wide.

Case study: Anna* from Salford

Anna* participated in one-to-one discussions and workshops conducted by Health Innovation Manchester as part of the Pathway and Lived Experience Insights Workstream. This case study reflects the experiences she shared during those activities and is reproduced with her permission.

Anna* is a 44 year old single mother of two with a busy schedule, juggling family commitments and her work with children and young people in community groups. She has lived with migraine for over a decade, regularly experiencing intense pain on one side of her head alongside dizziness, visual disturbances and difficulty concentrating. Migraine affects every aspect of her daily life, often striking without warning and sometimes waking her from sleep.

The impact on Anna's work is significant. She works directly with children, including those who require one-to-one support, and feels unable to stop or take time away when an attack occurs. Instead, she continues working through the pain, relying on medication and determination to get through the day.

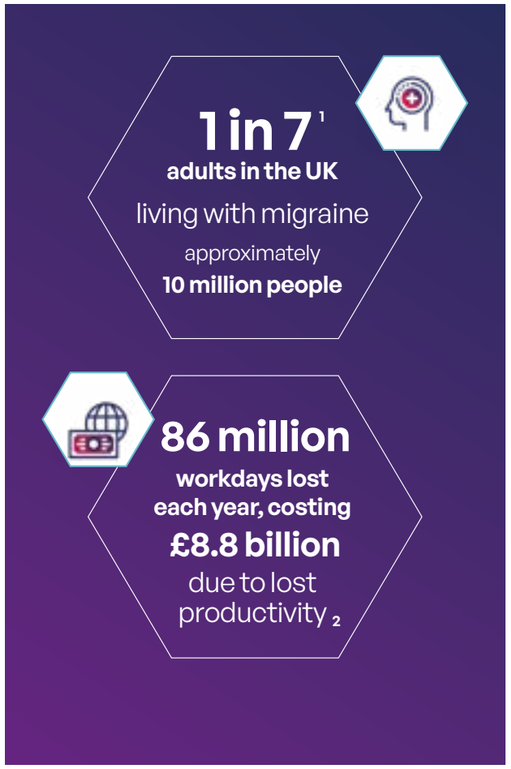
> "Migraine doesn't ask you; it can start in the morning, night-time, it can start anytime. I sometimes wake up with a migraine. It is bad, you can't concentrate, it affects the whole body, how you behave, how you speak - you as a person."
>
> **Anna*, patient participant from Salford**

She worries that repeated absences could threaten her job security and believes that disclosing her condition could negatively affect employment opportunities. As the sole provider for her family, she faces the financial pressures of rising living costs and fears the impact that losing her job would have.

Migraine also takes a heavy toll on her family life. Attacks can last for several days and leave her exhausted for up to a week afterwards, yet she remains responsible for caring for her children and managing household responsibilities. Without family to support her, she is unable to rest in a dark, quiet room and withdraw from the demands of daily life. She describes feeling guilty about the impact migraine has on her parenting and worries about whether she is able to give her children the attention they need during attacks.

Despite these challenges and worries, she continues to work, cares for her family and stays active in her community. Her experience highlights the hidden burden of migraine and the difficult choices faced between managing health, supporting family and maintaining employment.

*Name changed to protect their identity



1 The Migraine Trust. Stigma of migraine being 'just a headache' leading to thousands being dismissed and struggling without care. September 2023.
2 Chandler J, Giles L, Sheldon H, et al. Society's Headache: The Socioeconomic Impact of Migraine. The Work Foundation, Lancaster University. April 2018.
3 Office for National Statistics. Local Indicators for Greater Manchester. 2024.
4 Martelletti P, Schwedt T, Lanteri-Minet M, et al. 115 Economic burden among migraine patients: United Kingdom perspective. Journal of Neurology, Neurosurgery & Psychiatry. 2019.
5. National Migraine Centre: Most UK migraine patients wait over five years for effective treatment. September 2024.

> "For too long, people living with migraine have felt unseen and unsupported, often navigating years of disrupted lives and delayed diagnoses before receiving the care they need. We welcome the launch of this project in Greater Manchester, which puts patient experience front and centre and recognises the daily impact migraine has on individuals and families. By redesigning migraine care pathways with the people who go through them, this project has the potential to offer an approach to migraine care that leads to better outcomes for patients."
>
> **Rob Music, Chief Executive of The Migraine Trust**

UK-NEUM-260126 | October 2026

The GM Health Innovation Accelerator programme:

The Health Innovation Accelerator has been established to rapidly improve the diagnosis and treatment of disease across the 2.8m Greater Manchester population. The Accelerator encompasses two projects, the Advanced Diagnostics Accelerator and the DEVOTE programme, delivered through a partnership between Health Innovation Manchester, Manchester University NHS Foundation Trust (MFT), The University of Manchester, and industry partners.

In April 2025, the programme received £5.6m of funding through the Innovation Accelerator programme and realised a further £2.7m in co-investment. This funding was awarded to focus on developing innovative pathways for early disease detection and targeted care than conventional testing, ultimately enhancing health outcomes and stimulating economic growth.

Three years since its launch these projects are demonstrating world-leading outcomes and impacts, with developments which put Greater Manchester at the forefront of health innovation, through collaboration between academia, industry, NHS stakeholders and communities across the region.

The Advanced Diagnostics Accelerator (ADA) is series of projects looking at major morbidities, including liver, heart and lung cancer. It brings together academic and industry excellence from advanced diagnostics, digital and data to work together to improve health outcomes for patients:

- Chronic Kidney Disease (CKD) Discovery.
- Early Detection of Liver Disease.
- Early Detection of Heart Failure.
- ASPIRE Remote Spirometry.
- Lipids Optimisation Point of Care Testing (POCT).
- Lung Cancer Screening.
- Chest Pain Point of Care Testing.

The Development and Validation of Technology for Time Critical Genomic Testing (DEVOTE) Programme draws on expertise from regional academic, industry and clinical partners to deliver enhanced genomic diagnostics to optimise precision medicines for patients.

The projects have included:

- **Rapid Diagnostic Testing in Stroke:** the project will develop a rapid, cost effective, point-of-care test to test for CYP2C19 genotype by the bedside to guide stroke therapy.
- **Rapid Genetic Point of Care Devices:** the project will use advanced materials to develop novel, ultra-rapid genetic point of care devices.
- **Pharmacogenetic Passport:** the project will develop an end-to-end solution for pharmacogenetic testing and reporting for a range of genetic variants to roll out across the NHS.

By enhancing early diagnosis, boosting business sustainability, and tackling health inequalities, Advanced Diagnostic Accelerator is contributing to the creation high value jobs and increasing productivity. It is also helping to reduce economic inactivity due to poor health and increasing life expectancy for GM residents.



Project Spotlight:

Engaging with underserved communities to understand their experiences and barriers to diagnosis and treatment

A cross-cutting theme across the GM Health Innovation Accelerator programme has been co-production and engagement activities with communities, with the overall aim of empowering the public, particularly those facing the greatest health inequalities.

By working with people from socio-economically deprived and ethnically diverse backgrounds, including those experiencing digital poverty or exclusion, work across the Accelerator has progressed with a greater understanding of how the health and care system can improve access to screening opportunities for patients, whilst improving health outcomes for people at high risk of disease and ultimately save lives.

To facilitate this public co-production and engagement work, Health Innovation Manchester collaborated with Voluntary, Community and Social Enterprise (VCSE) groups, industry partners, healthcare providers and academic institutions, helping to conduct 22 engagement activities and events.

To date, this work has seen 428 citizens attend at locations across Greater Manchester, including Bolton, Rochdale, Stockport and Tameside, with a range of community groups including the South Asian community, the Jewish community, the Chinese community, the LGBTQ+ community, the Eastern European community, the White working-class community, the Black, African and Caribbean community, and those living in social housing or those at risk of homelessness.

Read more about this work and the full report ***here***.

> "The Health Innovation Accelerator is all about tackling health inequalities, but we can't deliver this in isolation from the people, patient groups and communities most affected. So public involvement and engagement is a cross-cutting theme, the golden thread throughout this programme.
>
> **Nicky Timmis, Public and Patient Involvement and Engagement Manager at Health Innovation Manchester**

Impact:

428 citizens took part in 22 events across underserved communities in Greater Manchester.

Activities and outputs include:

- 2 peer-led communication events
- 2 co-creation events
- 7 engagement discussion groups
- 6 patient stories (case studies)
- 3 posters or infographics
- 4 blogs
- 6 videos
- 5 industry reports
- 1 digital exclusion dashboard
- 1 blueprint for engaging with underserved communities



Greater Data: A real-world data and innovation service for industry and academia

Greater Data is Health Innovation Manchester's newly launched data-led innovation service for industry and academia that combines world-class data and insights to accelerate market access, improve health outcomes and drive real-world impact.

Greater Data's Innovation Services:

Service 1: Population real world data access and insights

Generate direct data access for research, and insights for accelerated market access and adoption, optimise real-world data to reduce uncertainty, navigate regulatory approvals, and reimbursement.

Service 1: Innovation codesign and transformation

Harness digital, data and user-led design with patients and clinicians to coproduce new models of care and pathways for effective deployment, transferrable across the UK.

Service 3: Innovation deployment partnerships

Enable accelerated market access and launch success through targeted deployment of innovation, measuring impact to build an evidence base, thereby de-risking investment pre- and post-launch.



Greater Data builds upon the unique digital assets of Greater Manchester, with a population-level real world dataset that's robust, representative, and scalable, we can harness real world data to navigate real world challenges.

We can combine anonymised data from primary care, secondary care, laboratory, and social care data, linked through GM technical infrastructure including the GM Care Record, Secure Data Environment (SDE) and Analytics and Data Science Platform (ADSP), with permissions to incorporate national and local datasets where appropriate.

The Secure Data Environment (SDE) in Greater Manchester is an essential enabler for Greater Data. SDEs are highly secure computing environments that provide access to de-identified health data to use in health and care research. Utilising de-identified data from the GM Care Record, linked with other key datasets (e.g. secondary care), the SDE provides the infrastructure and analytical tools for clinical trials, real world studies, translational research, epidemiological studies and health systems research here in Greater Manchester for the benefit of our citizens.

Made by Mancunians

Decisions about access to GM data are made by GM people. Robust governance ensures that every data-access decision is safe, ethical, and aligned with the needs of our population.

Data access applications are considered by expert data controllers, public representatives and academics - who are equipped to apply local insight, collective scrutiny and system-wide perspectives. In this way, the governance model ensures accountability that decisions are proportionate, trusted and grounded in the needs of the GM population.

Public participation brings real community perspectives into decision-making, helping to shape how data is used and ensuring all research benefits the people of Greater Manchester. By working openly with residents, involving patient voices, and communicating clearly, data is handled responsibly and for the public good - strengthening trust and supporting better health outcomes across GM.

This partnership is crucial in helping us to ensure that the projects and innovations we take forward will enable us to address the health needs of our population and the diverse communities of Greater Manchester.

Secured
£9.7m
for GM health and care system taking cumulative period over 5 years to
£42m of the overall £90m
target into the GM system for health innovation.

3
new contracts
for data access projects with HEIs.

2
new deals
secured with life sciences partners.

Find out more about Greater Data **here**

Support for SMEs

Funded by the Office for Life Sciences, we work with local, regional and national partners to identify, develop, evaluate and spread innovations that address the NHS's most pressing challenges and improve outcomes for patients and populations. Drawing on the expertise, networks and capabilities of the Health Innovation Network, we support innovators, healthcare organisations and system partners to accelerate the adoption and spread of proven innovation across health and care. Our core functions include:

- Identifying needs and priorities: working with partners to understand challenges across health and care, horizon-scan for emerging innovations, and align opportunities with local and national priorities.
- Supporting innovators: providing expert advice, guidance and access to programmes such as the Innovation Nexus and NHS Innovation Service to help innovators navigate the healthcare system and bring effective innovations into practice.
- Generating evidence and real-world validation: supporting the testing, evaluation and refinement of innovations in real-world settings to demonstrate impact, effectiveness and value.
- Accelerating adoption and spread: working innovators to support the implementation, scale-up and spread of innovations through guidance, co-design and delivery plans



Health Innovation Network impact

Health Innovation Network support for health and care innovators in 2025/26:

- Contributed £1.5bn to the UK economy
- 1,500 jobs were created or safeguarded.

Through national and local initiatives since 2020*:

- 7m patient benefitted
- 740k hours of healthcare capacity released

Through our support to innovators since 2018*:

- £4.4bn leveraged
- 3:1 ROI

* Data referenced from the Health Innovation Network Prospectus 2026 - **here**

Health Innovation Manchester

We are Health Innovation Manchester

info@healthinnovationmanchester.com

www.healthinnovationmanchester.com